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# Emergency Appeal operation update

## Ebola Global Coordination and Preparedness

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal n°</b> MDR60002	<b>Glide n°</b> EP-2014-000039-SLE/LBR/GIN/SEN/NGA
<b>Date of Issue:</b> 2 November 2015	
<b>Operation manager:</b> Norbert Allale	<b>Point of contact:</b> Norbert Allale, Head of Ebola Regional Operations.
<b>Operations update:</b> 12 Months Update	<b>Timeframe covered by this update:</b> 20 August 2014 – 20 August 2015 <i>This update represents a 12-month summary of the operation (cumulative narrative and financial)</i>
<b>Operation start date:</b> 20 August 2014	<b>Timeframe:</b> 16 Months (end date December 2015)
<b>Appeal budget:</b> CHF 15.8 Million	<b>Appeal coverage:</b> 85%
<b>Appeal history:</b> This appeal was initially launched on 20 August 2014 for CHF 2,893,667 for a period of nine months, to coordinate support to over 32 million beneficiaries. On 9 January 2015, this appeal was revised to CHF 15.8 million, with an extended timeframe to December 2015.	
<b>N° of people being assisted:</b> 32 Million	
<b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> Guinea Red Cross, Liberian National Red Cross Society, Sierra Leone Red Cross Society, Danish Red Cross, French Red Cross, German Red Cross, Netherlands Red Cross, Spanish Red Cross, Swiss Red Cross, ICRC.	
<b>Other partner organizations actively involved in the operation:</b> Ministries of Health, WHO, UNICEF, CDC, Médecins sans Frontières, Save the Children, Action Contré la Faim, Institut Pasteur Dakar, Catholic Relief Services, Concern Worldwide, World Vision, CARE, CAFOD, Caritas, Plan, Samaritan's Purse, Semi Darby, Global Communities.	

## Summary

The West Africa Ebola Virus Disease (EVD) outbreak is the largest and most widespread in history, both in terms of caseload and geographical spread. The first outbreak began in Guinea in December 2013 and thereafter spread to Liberia and Sierra Leone.

- January 2015: Emergency Appeal Revision 1 available [here](#).
- March 2015: Six Months update available [here](#).
- October 2015: Combined Operations Update No. 27 issued and available [here](#).

Since the first cases were confirmed, the Red



Red Cross volunteer Mamadou Basilah addresses a family in Klalantou village, Forecariah, Guinea, during door-to-door sensitisation and surveillance activities aimed at preventing the spread of Ebola. Tommy Trenchard/IFRC

Cross Red Crescent Movement, comprising National Red Cross Red Crescent Societies, the IFRC Secretariat and the International Committee of the Red Cross (ICRC) have been an essential component of the extensive global effort mobilized to stop the epidemic.

Six Emergency Appeals were launched to respond to and combat EVD outbreaks in Guinea, Liberia, Sierra Leone, Nigeria, Senegal and the Ebola Global Coordination and Preparedness Appeal. Three Appeals in Guinea, Liberia and Sierra Leone are still active whilst coordination and technical support continues at the regional level. Smaller preparedness and response operations were financed by the IFRC Disaster Response Emergency Fund (DREF) in Mali, Cote d'Ivoire, Cameroon, Togo, Benin, Central African Republic, Chad, Gambia, Kenya, Guinea Bissau and Ethiopia. In total, 16 countries in Africa launched emergency operations relating to this outbreak.

Three out of 16 countries in West Africa (Guinea, Liberia and Sierra Leone) are affected by the EVD. Nevertheless, it is having an economic impact not only on these affected countries but many others in the region. The EVD outbreak is currently ongoing in the following 2 countries: Guinea and Sierra Leone, and has caused significant mortality, with reported rates up 70%.

This 12 month update seeks to review how National Societies in West Africa were able to improve their capacity in helping stop the EVD epidemic while working with Ministries of Health and other Partners in response to the needs. In addition, essential regional and global-level coordination and support was provided to the Movement's Ebola response and preparedness activities, summarised under the outcomes and outputs listed from page 6 below.

A Real Time Evaluation (RTE) was commissioned by the IFRC Secretariat to assess the Red Cross response to the 2014 Ebola crisis in Guinea, Sierra Leone and Liberia from March 2014. The intention of the RTE was specifically to look at implementation issues, with a focus to improving the on-going and future response needs of affected populations. The scope included the assessment of activities to improve the response to affected populations, stakeholders, partners and donors, building on lessons learnt so far in this outbreak.

Reports indicate that critical projects have stalled in various sectors as a result of Ebola across West Africa. The sectors most likely to be affected are trade, tourism and agriculture. It is therefore important to revise this Emergency Appeal for those in the worst-hit nations of Guinea, Sierra Leone and Liberia, as the economic impact will be felt for a long time to come. It is therefore envisaged that this Emergency Appeal will be revised to reflect the changing epidemiological situation in West Africa, in which transmission is declining and EVD operations in Guinea, Liberia and Sierra Leone are scaling down their response activities and transitioning to early recovery programming. After more than one year of

emergency response activity, the EVD operation will integrate into the existing IFRC Africa Zone structure, while maintaining coordination and preparedness functions and enhancing documentation, evaluation and research of the Red Cross Red Crescent Movement EVD response in collaboration as appropriate with external partners. The regional and global EVD operation structure, located in Accra and Geneva, will close by the end of the year but IFRC country operations will continue to be guided by a regional approach and strategy, and supported in a range of technical areas.

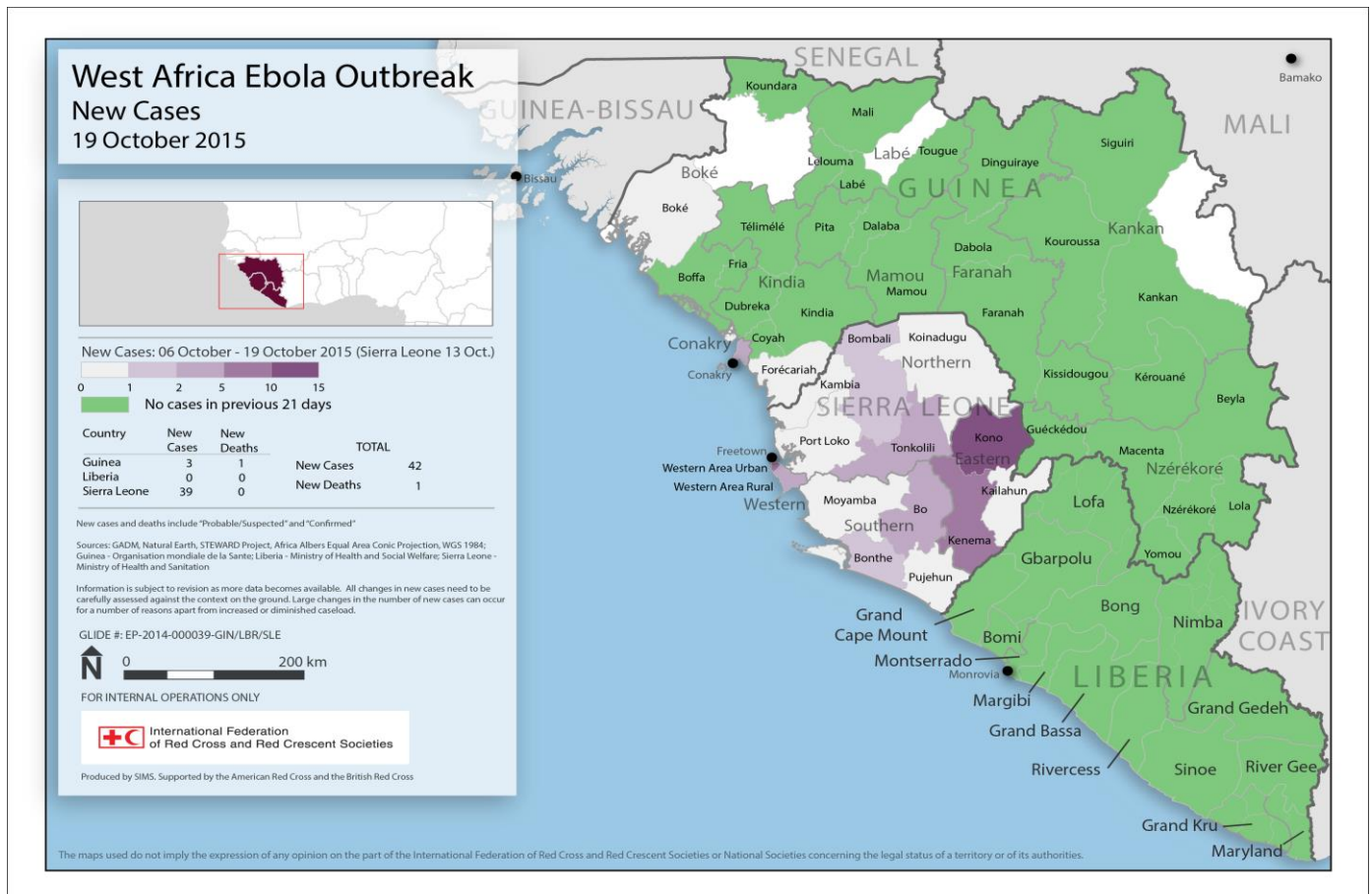
*<click [here](#) to go directly to the interim financial report and [here](#) for contact details >*

## The situation

In March 2014, the Ministry of Health (MoH) of Guinea notified the World Health Organization (WHO) of a rapidly evolving outbreak of Ebola Virus Disease. The Six Month update provides a detailed situation analysis of the EVD outbreak.

According to the WHO Ebola Situation Report - 28 October 2015, three new confirmed cases of EVD were reported in the week to 25 October, all of which were reported in Guinea. Guinea also reported 3 cases the previous week. All of the 3 new cases originated from the same household in the sub-prefecture of Kaliah, Forecariah, and were registered high-risk contacts linked to a case from the same area that previous week. At the same time, there were also a total of 364 contacts under follow-up in Guinea (an increase from 246 the previous week), 141 of whom are high-risk. An additional 233 contacts identified during the past 42 days remain untraced. Therefore a near-term risk of further cases among both registered and untraced contacts remained. In the same reporting period, Sierra Leone reported zero cases for a sixth consecutive week. It is envisaged that Sierra Leone will be declared free of EVD transmission on 7 November if no further cases are reported.

It is also worth noting that case incidences have remained at 5 confirmed cases or fewer per week for 13 consecutive weeks. Over the same period (28 October), transmission of the EVD were geographically confined to several small areas in western Guinea and Sierra Leone, marking a transition to a distinct, third phase of the epidemic. As a result, WHO developed a document outlining the strategy for phase 3 which will also guide the ongoing-work of all parties engaged in the EVD operation and committed to bringing Ebola to Zero. The phase-3 response coordinated by the Interagency Collaboration on Ebola builds on existing measures to drive case incidence to zero, and ensure a sustained end to EVD transmission. Enhanced capacity to rapidly identify a reintroduction (either from an area of active transmission or from an animal reservoir), or re-emergence of virus from a survivor, and capacity for testing and counselling as part of a comprehensive package to safeguard the welfare of survivors are central to the phase-3 response framework.



Map 1 above shows Ebola Outbreak new cases to the week of October 19.

On 30 September, Liberia was on the twenty seventh (27) day of the prescribed 90-days of heightened surveillance period. No new confirmed cases were reported from Sierra Leone in the week to 27 September. That was the second consecutive week with zero cases. Over 700 contacts related to the last reported case on 13 September remained under follow-up in Bombali region. On 3 September 2015, Liberia was declared EVD free after 42 days of the discharge of the last positive case. The current focus which remains a high priority for the Government of Liberia and among key stakeholders in the fight against Ebola is on improving swabbing for all deaths, border surveillance and provision of Psycho Social Support (PSS).

Reports indicate that this is the first Ebola outbreak to reach epidemic proportions; past outbreaks were brought under control within a few weeks. Extreme poverty, healthcare systems that do not function efficiently, a mistrust of government officials after years of conflict, and the delay in responding to the outbreak for several months have all contributed to the failure to swiftly control the epidemic. Other factors include local burial customs that include washing of the body after death and the spread to densely populated cities. In addition, as the disease progressed, many hospitals were reportedly short on both staff and supplies.

**Some West African countries with successfully contained spread include:**

- Senegal: In March 2014, Senegal's border with Guinea was closed. However, in August, Senegal announced that the first case was being treated in a hospital situated in Dakar. The case was a native of Guinea who had traveled to Dakar, arriving on 20 August. Three days later after seeking medical care, it was reported that the patient did not improve and left the facility. Still experiencing the same symptoms, on 26 August, the patient was referred to a specialized facility for infectious diseases, and was subsequently hospitalized. On 28 August 2014, authorities in Guinea issued an alert informing medical services in Guinea and neighboring countries that a person who had been in close contact with an Ebola infected patient had escaped their surveillance system. The alert prompted testing for Ebola at the Dakar laboratory, and the positive result launched an investigation and generated urgent contact tracing. On 10 September, it was reported that the patient had recovered but health officials would continue to monitor his contacts for 21 days. No further cases were reported and on 17 October, the WHO officially declared that the outbreak in Senegal had ended.
- Nigeria: The first case was reported in Lagos in July 2014. A health worker who attended this case reportedly died while five newly confirmed cases were treated at an isolation ward. Nigerian authorities announced that there were no more EVD cases in Nigeria as of September 2014. According to the WHO, a total of 20 cases and 8 deaths had been confirmed, including the initial case, which also died. Four of the dead were health care workers who had cared for the initial case. Nigeria was officially declared to be EVD free in October 2015 after no new active cases were reported in the follow up contacts.

The Red Cross Red Crescent Ebola response is organized around the following five outcomes:

- The epidemic is stopped
- National Societies have better Ebola preparedness and stronger long-term capacities
- IFRC operations are well coordinated
- Safe and Dignified Burials (SDB) are effectively carried out by all actors
- Recovery of community life and livelihoods

In helping to stop the epidemic, IFRC appeal operations employ a 5 pillar approach comprised of: (1) Beneficiary Communication and Social Mobilization; (2) Contact Tracing and Surveillance; (3) Psychosocial Support; (4) Case Management; and (5) Safe and Dignified Burials (SDB) and Disinfection.

## Coordination and partnerships

IFRC coordinates regularly with Movement partners and other humanitarian agencies and organisations involved in the global response to the Ebola outbreak, including ICRC, Partner National Societies, UNMEER, WHO, WFP, UNICEF, MSF, and CDC.

## Red Cross and Red Crescent action

Progress towards outcomes

<b>Response leadership, coordination and support</b>
<b>Outcome 1: Effective, dedicated coordination and technical support provided in effort to combat Ebola</b>
<b>Output 1.1 Establishment of IFRC Africa Ebola management, coordination and support structures</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>▪ Deployment of IFRC Head of Emergency Operations.</li> <li>▪ Establishment of 8-member Ebola Management Unit in Conakry, Guinea.</li> <li>▪ Expansion and reallocation of 16-member Ebola Management Unit in Accra, Ghana.</li> <li>▪ Recruitment of IFRC Africa Zone level Ebola humanitarian diplomacy function.</li> <li>▪ Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security.</li> <li>▪ Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination.</li> </ul>
<b>Output 1.2 Early recovery and recovery programming at country level in informed and guided by cross-border multi-country assessment of longer-term effects of the epidemic</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>▪ Update the Ebola operational strategy to include a recovery focus and develop a recovery plan of action for relevant follow-up support.</li> <li>▪ Early recovery assessment in affected areas, focussed on livelihoods and health recovery needs and follow-up support and resources provided to communities through plans of action under relevant country appeals.</li> </ul>
<b>Output 1.3 Resources in place – including in zone and Geneva level available, for immediate deployment</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>▪ Virtual pre-positioning of SDB starter kits.</li> <li>▪ Virtual pre-positioning of SDB and disinfection kits.</li> <li>▪ Virtual pre-positioning of SDB psychosocial kits.</li> <li>▪ Print and pre-position community mobilization materials as needed.</li> <li>▪ Procurement of satellite and other communications equipment.</li> <li>▪ Develop SOPs for Ebola response.</li> <li>▪ Develop planning template for standard Ebola response.</li> </ul>
<b>Output 1.4 Develop a communication and anti-stigma campaign and roll it out in the context of each zone</b>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>▪ Development and management of key messages and external communication protocols.</li> </ul>

- Develop communication materials with basic information about the disease for use in different contexts and building on existing materials.
- Produce infographics for internal and external dissemination to NSs.
- Develop audio-visual material to be adapted locally (for utilization in radio and TV programmes) to disseminate among NSs, partners and external organizations.
- Launch a digital marketing campaign to spark online conversations through the engagement of celebrities and the development of a dedicated webpage with campaign material, videos, stories and infographics.
- Support and fund round table discussions in possibly affected countries with major stakeholders.
- Development and management of communication structures and lines in the operational team.
- Develop and run a communication campaign focused on anti-stigma towards migrants and asylum seekers.
- Adapt the campaign to the need, context and language of each zone to tackle public awareness, fear and stigma around Ebola.
- Advocate with government authorities to increase solidarity, surveillance, information management, tracing and security.
- Engage with inter-governmental bodies to provide regional / zonal frameworks to facilitate information exchange and communication.

**Outcome 2: The lead role in humanitarian response coordination and information management of the SDB intervention is filled by the IFRC**

**Output 2.1 SDB coordination hub established in Accra**

Planned activities:

- Deployment of IFRC Head of Emergency Operations.
- Establishment of 8-member Ebola Management Unit in Conakry, Guinea.
- Expansion and reallocation of 16-member Ebola Management Unit in Accra, Ghana.
- Recruitment of IFRC Africa Zone level Ebola humanitarian diplomacy function.
- Advocacy with government authorities to increase solidarity, surveillance, information management, tracing and security.
- Engagement with inter-governmental bodies to provide regional frameworks and leadership to facilitate information exchange, surveillance and coordination.

**Progress:**

*Ebola management, coordination, and support structures:*

Following the deployment of the IFRC Head of Emergency Operations, an Ebola Management Unit (EMU) was established in Conakry, Guinea in November 2014. The EMU initially comprised of a Head of Regional Ebola Response, Deputy Head of Regional Ebola Response, Resource Mobilization Coordinator, and Regional Health Advisor. Later relocated to Accra, Ghana, the EMU expanded to include 14 members who supplement its initial management, coordination and support functions. The EMU unit members consist of a Regional Finance Coordinator, Regional Human Resource Coordinator and Human Resource Delegate, Regional Communications Coordinator, Regional Reporting Coordinator, Regional Logistics Coordinator, Regional Security Coordinator, Regional Preparedness Coordinator, Regional Beneficiary Communications Coordinator, and Infection Prevention and Control Specialist. While these technical support functions are predominantly based in Accra, some members are located in Guinea, Liberia, Sierra Leone and Senegal, to better support specific parts of Red Cross

Red Crescent preparedness and response operations. Recruitment was also finalised for two Regional Preparedness Beneficiary Communications Delegates, to be based in Cote d'Ivoire and Senegal.

The Geneva Global Ebola Coordination and Support Unit (ECSU) acts as a global coordination and advisory structure. The ECSU has coordinated regular Movement-wide communication, facilitating a weekly tele-conference to share operational updates and other key information with Movement partners and other stakeholders. In January 2015, a Donor Forum was hosted in Geneva by the ECSU. Partners participated in this Forum. The ECSU also engaged with a number of intergovernmental bodies, including the Global Ebola Response Coalition (GERC) and the United Nations Mission for Ebola Emergency Response (UNMEER). In addition, the ECSU participated in the weekly GERC teleconference, circulating key information within IFRC to inform operational decision making. Engagement with GERC enabled the Movement's issues and concerns to be raised with the wider group of organisations involved in the international Ebola response, while also highlighting the essential work and achievements of National Societies and the IFRC. Additionally, ECSU is on the UNMEER Board, which met on a monthly basis. This engagement has enabled IFRC to interact with government authorities worldwide, and increase the visibility and credibility of the Red Cross Red Crescent Movement in the global response to the Ebola outbreak.

The ECSU and Africa Zone Office provided technical support in the areas of logistics; Planning, Monitoring, Evaluation and Reporting (PMER) and information management; human resources and health to assist country-level Ebola operations and support quality assurance across Ebola response activities. In addition to conducting epidemiological analysis to inform decision-making at the country level, the Secretariat and Africa Zone Office supported logistics in Guinea, Liberia and Sierra Leone in procurement and supply chain management. Supply chain management was coordinated through the Geneva Global Logistics Service, ensuring the uninterrupted procurement and supply of essential medical equipment, including Personal Protective Equipment (PPE), vehicles, and other stock.

The unfolding Ebola crisis in West Africa claimed numerous lives in part due to the absence or inadequate Personal Protective Equipment items such as gloves and masks. Through the intervention of IFRC, the solution to protecting health care providers in West Africa became a critical component to containing the spread of the virus. Sufficient gloves, masks, and other protective supplies were obtained for safe care of EVD patients in a timely manner. IFRC coordinated delivery of tonnes of supplies to countries involved in the response of the EVD. Additional supplies have been prepositioned and are ready to send to the countries in the region should the need arise. Frequent communication was ongoing in these countries as well as offering material assistance to neighbouring countries to be better prepared for possible spread of the EVD.



### *Communications*

Technical support provided from both Zone and the IFRC Secretariat to raise global public awareness about Ebola and the outbreak in West Africa, highlighted the Red Cross Red Crescent Movement's response through a range of communications initiatives. Communication materials were regularly developed and disseminated, while more tailored communications campaigns centred on specific themes as the outbreak evolved and specific issues arose. Throughout the response, communication focal points in the Zone and the Secretariat engaged with international media to disseminate key messages and raise the profile of the Red Cross. To ensure that Movement partners and other key stakeholders remained informed and engaged, a communications package was developed and circulated on a weekly basis. The communications package contains key messages, responses to frequently asked questions, the Snapshot and Facts and Figures documents, and copies of current press releases and web articles. The communications package includes additional material when available, such as infographics and resources relating to specific campaigns.

In addition, an Ebola-specific microsite has also been developed. This public website is regularly updated, and provides an accessible platform for people to learn more about the EVD, activities being implemented by IFRC in the field, funding for IFRC Emergency Appeals, partners supporting Red Cross operations in West Africa, and stories from the field. In January 2015, the animation, "You probably don't have Ebola if..." was launched on YouTube and promoted heavily through the IFRC website. The animation was translated into five languages, and describes Ebola, its transmission, who is at risk of contracting Ebola, and why the outbreak in West Africa is unprecedented in its scale and severity. By mid-January 2015, the animation had been viewed over 3,400 times.

### *Recovery Assessment*

A multi-sectorial recovery assessment co-led by National Society counterparts was undertaken in the first quarter of 2015, and the final report released in May 2015. The recovery assessment identified the early recovery needs of affected populations in Guinea, Liberia and Sierra Leone. Results from this assessment assisted in joint-planning and resource mobilization for recovery programming, and will inform the updated IFRC operational strategy, at both the regional and country levels, which will include longer-term recovery activities. Specifically, the recovery assessment team undertook a detailed assessment of the situation in the three countries most affected by the Ebola outbreak, and identified potential response options that align with the strategic plans of the National Societies as well as the Government's recovery plans in each of the three countries. It is envisaged that recovery programming will prioritise the thematic areas of health, livelihoods, disaster preparedness and National Society organizational development. Recovery programming is aimed at support communities recover from the impacts of the Ebola outbreak, as well as strengthening resilience to future epidemics and other disasters. In addition, longer-term programming will focus on enhancing the capacity of National

Societies to successfully fulfil their auxiliary role to their respective governments. The recovery assessment also explored the role of other actors in the international response, including MSF, WHO, and UNMEER, to identify opportunities to further coordinate and enhance activities.

The recovery options that were identified were further refined by the National Societies with support from IFRC and Movement Partners. More detailed plans were elaborated and incorporated into the operational strategy to form the basis of the Emergency Appeal revision. In some of the three affected countries, the recovery options have been categorised into the following thematic areas:

**Health and care:** Recovery options are oriented towards strengthening the health system at community level, and community-based prevention and care, improving psychosocial health, reducing gender related vulnerabilities, enhancing protection, and improving access to safe water and sanitation.

**Disaster management and risk reduction:** Recovery options focus on improving alert mechanisms within strengthened early warning systems, improving preparedness for future epidemics and supporting increased decentralization and decision making during emergency response.

**Food security and livelihoods:** Recovery options include providing agricultural inputs for the forthcoming rainy season and to improve access to cash grants to cover basic needs and restart income generating activities.

**Organizational Development and Capacity Building:** Areas identified for capacity strengthening, include leadership and governance; volunteer management; youth network; resource mobilisation; planning, monitoring, evaluation and reporting (PMER); finance development and human resource management.

It is envisaged that post-Ebola activities will also focus on organisational development and capacity strengthening, while also securing appropriate levels of funding to sustain recovery activities over the medium and long term. Response capacities in a few National Societies will also be maintained until the end of 2015 in line with the agreed strategy and contingency lines of the respective governments and partners. The recovery plans put emphasis on the comprehensive needs analysis, integrated and participatory programming approaches.

#### *Supply Management for Safe and Dignified Burial in Ebola Response*

The overall objective of the Emergency Appeal was to provide the appropriate support and resources to effectively and efficiently manage the response to the disease beyond the country level, providing in the first instance a regional overview and coordination, and then a wider communication and enhanced preparedness for the wider Africa context and globally. Amongst other areas, this plan aimed to support the Red Cross Red Crescent response in the development and establishment of the necessary structures and functions to adequately fill the safe and dignified burial coordination lead agency role taken up by the IFRC.

Safe and Dignified Burial (SDB) and Disinfection of contaminated areas, is a core pillar in the fight against Ebola. The activity which goes beyond simply burying the deceased includes caring for families, providing support and information and ensuring those left behind are at a lower risk of infection. Safe and Dignified Burial and Disinfection remains a high risk activity that should only be undertaken by specialized teams of volunteers who have undergone extensive training and a period of supervision in the field. National Society volunteer teams should also be provided with training in community engagement and PSS. This training ensures they can engage with communities and guarantee they understand the importance of safe burials, and also that they can care for each other.

The importance of the right equipment is paramount to ensure the safety of the teams. The volume of supplies that were needed and global limited supply meant that there has been shortages and improvisation with equipment at times. IFRC developed specialized kits to assist National Societies to quickly set up and roll out SDB teams if required as part of the ongoing Ebola outbreak. A regional supply of all equipment needed for the safe implementation of dead body management and disinfection is now available. Requests for supply are made through a centralized system that permits a guaranteed pipeline of key items, the prioritization of supply between countries in need and the rapid scale up in new areas as needed.

The following are the types of kits to support the SDB teams:

- a. Dead Body Management Starter kit,
- b. Dead Body Management Kit, and
- c. Social Mobilization Kit.

*IFRC Ebola preparedness pre-positioning plan for Africa*

This plan outlined the EVD response items already pre-positioned or planned for pre-positioning as part of the IFRC Ebola response preparedness measures. The plan is part of the IFRC Ebola preparedness plan and is based on risk analysis and logistics assessments. The plan does not include countries responding to active cases that will maintain a stock in country while relying on a pipeline from a regional stock in Dakar, Senegal.

## **Ebola preparedness**

<b>Outcome 3: Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries</b>
<b>Output 3.1 National Societies have increased capacity in Ebola preparedness for response planning, aided by an Ebola Preparedness Fund</b>
Activities planned: <ul style="list-style-type: none"> <li>▪ Establish fund, criteria and procedures and allocate manager.</li> <li>▪ Ebola preparedness grant requests are assessed and funds dispersed to NSs who require assistance</li> <li>▪ Organize zone / regional workshops on Ebola with the participation of NS disaster management and health staff to raise awareness of the disease, share experience from the current response</li> </ul>

<p>and provide information on preparedness and response.</p> <ul style="list-style-type: none"> <li>▪ Train and prepared NS staff and volunteers in high-risk countries for self-management of personal safety and security measures, including protection, medication, code of conduct, etc.</li> <li>▪ Support NSs to update and adopt business continuity plans and contingency plans.</li> <li>▪ Seek membership in national bodies to lead and coordinate preparedness and response efforts related to EVD.</li> <li>▪ Participate in coordination/planning meetings and related activities of national and local bodies.</li> <li>▪ Work with national committee in the definition of NS role in preparedness and response.</li> </ul>
<p><b>Output 3.2 Countries surrounding the current outbreak area considered as high-risk areas benefit from increased community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilization and beneficiary communication interventions</b></p>
<p>Activities planned:</p> <ul style="list-style-type: none"> <li>▪ Establishment and training of beneficiary communication and community engagement functions in each of the nine targeted NS.</li> <li>▪ Baseline definition and program planning.</li> <li>▪ Production and adaptation of Ebola-related communication products in several contexts to foster preparedness.</li> <li>▪ Media engagement and design of two-way communication campaigns.</li> <li>▪ Engagement of community leaders in meaningful dialogue to reduce anxiety, address stigma, dispel rumours or cultural misperceptions of the disease, and report any suspicious case urgently.</li> <li>▪ Data collection and analysis for programme guidance.</li> </ul>

### Progress:

To date, CHF 581,783 has been allocated from the Disaster Relief Emergency Fund in the form of grants for Ebola preparedness activities, including awareness raising at the community level, training of National Societies and their volunteers, prepositioning stock, and establishing pre-agreements with national authorities on the role of the National Society. Recognising the need for a more complete and sustainable approach to EVD preparedness in at-risk countries, the Ebola Preparedness Fund (EPF) was established under this Emergency Appeal. The EPF was designed to provide National Societies with access to financial resources to prepare for a possible EVD outbreak, through activities informed by lessons learned from existing EVD response and preparedness operations.

The allocation of EPF grants has been based on criteria relating to the risk level of countries, such as those sharing a border with a country that has sustained transmission in the community, as well as countries connected to affected areas by active trade or migration activity. Allocations have also been based on current preparedness capacity and National Societies' proposed plans of action. Eleven allocations have been made to date, which supported preparedness activities in countries across East Africa and the Indian Ocean Islands, and the MENA Zone.

In response to the changing nature of the Ebola outbreak, and the enhanced capacity of the Red Cross Red Crescent Movement to respond, the standard DREF process was reinstated to continue supporting

National Societies with financial resources to prepare for and respond to Ebola. As such, the EPF was closed and no further allocations made.

The Regional Ebola Preparedness Coordinator worked closely with National Societies to strengthen preparedness capacity across the region. Mapping was undertaken to identify the level of preparedness in countries, while the contingency plans of National Societies in Burkina Faso, Mali and Senegal were updated to better align with national government plans, which clearly articulated and defined the role of each National Society in preparedness and response activities.

Preparedness, prevention and response capacity was also strengthened across the region through a Beneficiary Communications and Social Mobilization project, led by National Societies with the support of the Beneficiary Communications Coordinator for the Ebola response, and funded by the European Commission. This project was designed to break the chain of transmission of Ebola through effective Social Mobilization, community engagement and Beneficiary Communications activities in ten countries across West Africa, including Benin, Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Guinea-Bissau, Mali, Nigeria, Senegal and Togo. In collaboration with IFRC Resource Mobilization, the Beneficiary Communications Coordinator liaised with the European Commission to finalise the project contract and budget. A number of Partner National Societies were involved in the programme, including the Danish, Swiss, Spanish and Netherlands Red Cross National Societies. These partners work with National Societies in the targeted countries to enhance community understanding, engagement, ownership and implementation of prevention, preparedness and control measures, while also strengthening regional coordination and technical support to ensure a well-coordinated and harmonised response. A formal meeting was held in Mali with Participating National Society Presidents to endorse the launch of the project, and representatives from each of the ten West African countries attended.

The West Africa Beneficiary Communications Framework was finalised, taking into account the specific operational needs of delivering Beneficiary Communications in the Ebola outbreak context. Additionally, an implementation plan was finalised and distributed to programme partners to streamline delivery across the ten countries. Discussions were underway with UNICEF to ascertain potential areas of collaboration and partnership throughout the project. Regional Coordination meetings between partners were held following the formalisation of partnerships, while a number of regional trainings were planned for a later part of the year.

#### **Volunteer and staff safety and security**

**Outcome 4: Effective staff and volunteer safety and security system, including pre-, during and post-deployment support**

**Output 4.1 Comprehensive insurance system in place covering all Red Cross Red Crescent**

<b>personnel involved in the operation</b>
Activity planned: <ul style="list-style-type: none"> <li>▪ Development and application of insurance packages and systems.</li> </ul>
<b>Output 4.2 Psychosocial support provided to all personnel going in or out of operations</b>
Activities planned: <ul style="list-style-type: none"> <li>▪ Deployment of psychosocial support delegate.</li> <li>▪ Use of existing IFRC systems and offices for briefing/debriefing and stress-management.</li> </ul>
<b>Output 4.3 Resources and systems available for quarantine measures and reintegration</b>
Activities planned: <ul style="list-style-type: none"> <li>▪ Work with NSs to influence government to assume testing and hibernation before reintegration with offices, etc.</li> <li>▪ Develop a policy for how to make sure that the international staff is taken care of after ending their mi</li> </ul>

### **Progress to date:**

Ensuring the safety and well-being of Red Cross Red Crescent personnel is always the highest priority for IFRC. The Ebola outbreak raised significant challenges for the safety and security of staff and volunteers, and this at times hindered vital response activities. IFRC worked with National Societies to develop and implement strict protocols for personnel in the field, while also ensuring that systems are in place to effectively support staff and volunteers before, during and after their involvement in Ebola response operations.

All Red Cross Red Crescent personnel are covered by comprehensive insurance and Staff Health in the IFRC Secretariat have worked closely with various emergency assistance providers to assess their capacity to conduct medical evacuations as required during the Ebola outbreak. Staff Health has also maintained regular contact with health authorities in a number of countries to confirm their preparedness and formal position on receiving medical evacuations from Ebola-affected countries. Additionally, support was provided to IFRC country-level Ebola operations for the development and coordination of medical evacuation and contingency plans, as well as in-country staff health services to ensure healthy and safe working and living conditions for delegates in the field. Staff Health in the IFRC Secretariat assisted with the medical evacuation of over 10 international delegates from West Africa.

International delegates receive a health briefing pack and are informed of the health protocols for those deploying to Ebola-affected countries. A pre-deployment course was developed specifically for the Ebola context in collaboration with Spanish Red Cross and MSF. With funding support from Norwegian Red Cross and the Spanish Agency for International Cooperation, IFRC conducted over 20 trainings with 568 participants from different National Societies and external organizations. These trainings provided delegates with comprehensive information about the Ebola outbreak and West African context, and specifically targeted those working in Ebola Treatment Centres (ETC) through the inclusion of simulations involving the use of PPE.

Recognising the challenging context that the Ebola outbreak represents, PSS was available to staff and volunteers throughout the day through the PSS Program. Delegates and volunteers continued to be supported after concluding their involvement in response operations, and specific guidance was developed for the 21-day period following departure from an affected country.

<b>Operational support services for quality programming</b>
<b>Outcome 5: Coordination of the operation is effectively monitored and supported</b>
<b>Output 5.1 Ensure effective monitoring and support</b>
Activities planned: <ul style="list-style-type: none"> <li>▪ Zone disaster management and health staff in coordination with Zone management monitor and support appeal activities</li> <li>▪ Deploy RDRT / RIT members specialized in health to monitor and support appeal activities.</li> <li>▪ IFRC Secretariat staff are deployed to monitor and support actions development as needed.</li> <li>▪ Country and regional level lessons learned and knowledge sharing activities.</li> <li>▪ Carry out a Real Time Evaluation of the three main country operations and act on recommendations.</li> </ul>
<b>Output 5.2 Effective, dedicated coordination and technical support provided in an effort to combat Ebola</b>
Activities planned: <ul style="list-style-type: none"> <li>• Establishment of IFRC Africa Ebola management, coordination and support structures.</li> <li>• Early recovery and recovery programming at country level is informed and guided by cross-border multi-country assessment of longer-term effects of the epidemic.</li> <li>• Resources in place, including Zone and Geneva level, for immediate deployment.</li> <li>• Develop a communication and anti-stigma campaign and roll it out in the context of each zone.</li> <li>• Establishment of Ebola coordination and support unit structure in Geneva.</li> </ul>
<b>Output 5.3 The lead role in humanitarian response coordination and information management of the SDB interventions is filled by the IFRC</b>
Activity planned: SDB coordination hub established in Accra.
<b>Output 5.4 Strengthening of Ebola preparedness and response capacity in potential high-risk areas and countries</b>
Activities planned: <ul style="list-style-type: none"> <li>• National Societies have increased capacity in Ebola preparedness for response planning, aided by an Ebola Preparedness Fund.</li> <li>• Countries surrounding the current outbreak area considered as high-risk areas benefit from increased community understanding, engagement, ownership and implementation of prevention, preparedness and control measures through effective social mobilisation and beneficiary communication interventions.</li> </ul>
<b>Output 5.5 Effective staff and volunteer safety and security system, including pre-, during and post-deployment support.</b>
Activities planned: <ul style="list-style-type: none"> <li>• Comprehensive insurance system in place covering all Red Cross Red Crescent personnel involved in the operation.</li> <li>• Psychosocial support provided to all personnel going in or out of operations.</li> <li>• Resources and systems available for quarantine measures and reintegration.</li> </ul>
<b>Output 5.6 Coordination of operation is effectively monitored and otherwise supported</b>
Activity planned: Ensure effective monitoring and support.

### **Progress:**

Ongoing monitoring and technical support was provided through the Secretariat, Zone and Regional offices and surge support, and teams are involved in regular technical reviews, as well as all appeal

activities, including field monitoring and quality implementation, development of Standard Operating Procedures (SOPs), ensuring the safety and wellbeing of staff and volunteers, and appeal revisions. Additionally, Surge Information Management Support (SIMS) was provided through the Secretariat supported by American Red Cross and British Red Cross, to better capture and utilise data collected in the field, to inform operational decision-making and support communications with internal and external audiences. IFRC has also engaged with external technical partners, including WHO and CDC, who have conducted supervision, monitoring and technical audits of Red Cross response activities.

Knowledge sharing and lesson learning were facilitated through a number of mechanisms, including a weekly Task Force and bi-monthly regional meetings with country and technical teams and regional staff, as well as forums with Movement and external partners.

A Real Time Evaluation (RTE) was commissioned by the IFRC Secretariat to assess the Red Cross response to the Ebola outbreak in Guinea, Liberia and Sierra Leone from March 2014 to January 2015, when the final report was published. Specifically, the RTE intended to assess the extent to which the response followed the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance; the relevance of the five-pillar response strategy; whether IFRC systems and structures were effective and efficient in achieving operational objectives; and the extent to which operations addressed long-term interconnected vulnerabilities in the three host countries. Field visits were conducted to key sites, and interviews conducted with National Society staff, IFRC delegates, heads of operations, volunteers, and representatives of key stakeholders and personnel from the respective Ministries of Health.

The RTE found that Red Cross activities played a critical role in disrupting the transmission of Ebola and preventing progression of the epidemic, and suggested that sustaining these would be a major tool in the elimination of Ebola in the current outbreak. Delegates, National Society staff and volunteers were all found to be highly dedicated, and these vast networks of Red Cross people have given the Movement a comparative advantage that no other organisation has had.

This RTE Final Report presented observations, findings and recommendations that provided valuable insight into the operational performance (achievements, gaps, and challenges) faced by the IFRC in West Africa, as well as key areas for improvement.

A number of recommendations were made to strengthen the IFRC Ebola response as a whole, as well as individual country operations. Recommendations related to enhanced support and duty of care for volunteers, as well as improved recognition of volunteers involved in the response, particularly those who are part of the SDB Teams. Recommendations also focussed on strengthened epidemiological and public health capacity within IFRC, as well as improved use of information for better decision-making.



Recommendations were also made to commence recovery programming. While the epidemiological situation in Guinea, Liberia and Sierra Leone required that response activities continued, IFRC and National Societies in the affected countries planned for a twin-track approach, in which getting to zero remains the first priority, while recovery programming commences in areas of lower risk that is focussed on building longer-term resilience,

A number of actions were adopted at the Secretariat, regional and country levels to progress these recommendations. To strengthen support of and duty of care for volunteers, IFRC worked to improve the physical safety of and psychosocial support for volunteers. A protocol for systematic briefing and support for volunteers was established at the end of 2014, while psychosocial support research was conducted on the mental health impacts of supporting the Ebola response. Standard protocols for safe and dignified burials were also produced, and volunteers regularly participated in refresher trainings. Steps were taken to recognise the essential role of volunteers in the Ebola response, including the production of pins and other non-monetary incentives,

The technical epidemiological capacity of the IFRC was strengthened through the appointment of a Deputy Head of Regional Ebola Operations, with significant epidemiological training and experience. Information management capacity was strengthened at the country and Secretariat levels. This commitment to data collection, evidence-based practice and knowledge-sharing across the Movement was also progressed through a number of planned research projects looking into different aspects of the Red Cross Red Crescent Ebola response.

Sixty-six country-based recommendations were made that focussed on supporting National Society-led capacity building and organisational development, with a particular focus on strategic development, volunteer management, epidemiological understanding, information management and analysis capacity. All recommendations, excluding the four that were not accepted, have been implemented or are in progress.

The RTE Final Report and the management response are now available on the IFRC's Evaluation Database, which can be accessed using the following link: <http://www.ifrc.org/en/publications-and-reports/evaluations/>

Financial Situation: The Ebola Global Coordination and Preparedness Appeal has a budget of CHF12,982,441 million, of which CHF 5,640,596 was spent in the period to August 2015.

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)  
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

## Disaster Response Financial Report

### MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

#### Selected Parameters

Reporting Timeframe	2014/8-2015/7	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

## I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
<b>A. Budget</b>		<b>12,599,041</b>			<b>383,400</b>	<b>12,982,441</b>	
<b>B. Opening Balance</b>							
<b>Income</b>							
<b>Cash contributions</b>							
American Red Cross		242,784				242,784	
Andorran Red Cross		6,153				6,153	
Australian Red Cross		87,106				87,106	
British Red Cross		174,210				174,210	
Canadian Red Cross		83,983				83,983	
Canadian Red Cross (from Canadian Government*)		490,448				490,448	
Danish Red Cross		50,000				50,000	
European Commission - DG ECHO		779,783				779,783	
European Commission - FPI		6,324,900				6,324,900	
Finnish Red Cross (from Finnish Government*)		144,259				144,259	
German Red Cross		21,387				21,387	
Icelandic Red Cross		160,000				160,000	
ICRC		10,000				10,000	
Irish Red Cross Society		62,845				62,845	
Israel - Private Donors		9,653				9,653	
Italian Red Cross		212,768				212,768	
Japanese Red Cross Society		87,579				87,579	
KPMG International Cooperative(KPMG-I)		20,120				20,120	
Luxembourg - Private Donors		2,824				2,824	
Monaco Government		24,030				24,030	
On Line donations		88,607				88,607	
Philippine Red Cross		24,110				24,110	
Qatar Red Crescent Society		9,501				9,501	
Red Cross of Monaco		28,191				28,191	
Spanish Government		753,067				753,067	
Swiss Red Cross		19,245				19,245	
Switzerland - Private Donors		1,407				1,407	
The Netherlands Red Cross		130,370				130,370	
The Netherlands Red Cross (from Netherlands Government*)		965,448				965,448	
The Thai Red Cross Society (from Taiwan Red Cross Organisation*)		199,676				199,676	
UNICEF - United Nations Children's Fund		43,000				43,000	3,585
World Cocoa Foundation		138,598				138,598	
<b>C1. Cash contributions</b>		<b>11,396,053</b>				<b>11,396,053</b>	<b>3,585</b>
<b>Inkind Personnel</b>							
Canadian Red Cross		26,939				26,939	
Finnish Red Cross		21,245				21,245	
Other		6,230				6,230	
Swiss Red Cross		35,933				35,933	
<b>C3. Inkind Personnel</b>		<b>90,347</b>				<b>90,347</b>	
<b>Other Income</b>							
Fundraising Fees		-1,006				-1,006	
Other Funds for Operations		-787,994				-787,994	
<b>C4. Other Income</b>		<b>-789,000</b>				<b>-789,000</b>	
<b>C. Total Income = SUM(C1..C4)</b>		<b>10,697,400</b>			<b>0</b>	<b>10,697,400</b>	<b>675,112</b>
<b>D. Total Funding = B + C</b>		<b>10,697,400</b>			<b>0</b>	<b>10,697,400</b>	<b>675,112</b>

\* Funding source data based on information provided by the donor

**Disaster Response Financial Report**

MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/7	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**II. Movement of Funds**

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		10,697,400			0	10,697,400	675,112
E. Expenditure		-5,640,596			0	-5,640,596	
F. Closing Balance = (B + C + E)		5,056,804			0	5,056,804	675,112

## Disaster Response Financial Report

MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

### Selected Parameters

Reporting Timeframe	2014/8-2015/7	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>12,599,041</b>			<b>383,400</b>	<b>12,982,441</b>	
<b>Relief items, Construction, Supplies</b>								
Water, Sanitation & Hygiene	8,420							8,420
Medical & First Aid	250,000		217,760				217,760	32,240
Teaching Materials	314,873							314,873
Utensils & Tools			128				128	-128
Other Supplies & Services			63				63	-63
<b>Total Relief items, Construction, Sup</b>	<b>573,293</b>		<b>217,951</b>				<b>217,951</b>	<b>355,342</b>
<b>Land, vehicles &amp; equipment</b>								
Computers & Telecom	82,000		31,865				31,865	50,135
Office & Household Equipment	418,679							418,679
<b>Total Land, vehicles &amp; equipment</b>	<b>500,679</b>		<b>31,865</b>				<b>31,865</b>	<b>468,813</b>
<b>Logistics, Transport &amp; Storage</b>								
Storage			5,104				5,104	-5,104
Distribution & Monitoring			113,101				113,101	-113,101
Transport & Vehicles Costs	120,186		61,803				61,803	58,383
Logistics Services	781,052		37,405				37,405	743,647
<b>Total Logistics, Transport &amp; Storage</b>	<b>901,238</b>		<b>217,414</b>				<b>217,414</b>	<b>683,824</b>
<b>Personnel</b>								
International Staff	4,572,179		1,648,826				1,648,826	2,923,353
National Staff	319,787		64,987				64,987	254,800
National Society Staff	374,876		6,604				6,604	368,272
Volunteers	684,205		375				375	683,830
<b>Total Personnel</b>	<b>5,951,047</b>		<b>1,720,792</b>				<b>1,720,792</b>	<b>4,230,254</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	443,623		307,505			1,940	309,445	134,178
Professional Fees	84,508		20,077				20,077	64,431
<b>Total Consultants &amp; Professional Fees</b>	<b>528,131</b>		<b>327,582</b>			<b>1,940</b>	<b>329,521</b>	<b>198,610</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	555,741		238,473				238,473	317,269
<b>Total Workshops &amp; Training</b>	<b>555,741</b>		<b>238,473</b>				<b>238,473</b>	<b>317,269</b>
<b>General Expenditure</b>								
Travel	302,025		411,738			-1,940	409,798	-107,773
Information & Public Relations	2,220,273		341,947				341,947	1,878,326
Office Costs	252,008		158,016				158,016	93,992
Communications	152,038		47,696				47,696	104,342
Financial Charges	32,132		25,927				25,927	6,205
Other General Expenses	3,386		2,132				2,132	1,254
Shared Office and Services Costs	218,096		115,361				115,361	102,735
<b>Total General Expenditure</b>	<b>3,179,957</b>		<b>1,102,816</b>			<b>-1,940</b>	<b>1,100,877</b>	<b>2,079,080</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies			1,376,748				1,376,748	-1,376,748
<b>Total Contributions &amp; Transfers</b>			<b>1,376,748</b>				<b>1,376,748</b>	<b>-1,376,748</b>
<b>Operational Provisions</b>								
Operational Provisions			61,037				61,037	-61,037
<b>Total Operational Provisions</b>			<b>61,037</b>				<b>61,037</b>	<b>-61,037</b>
<b>Indirect Costs</b>								

**Disaster Response Financial Report**

MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/7	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**III. Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
<b>BUDGET (C)</b>			<b>12,599,041</b>			<b>383,400</b>	<b>12,982,441</b>	
Programme & Services Support Recovr	792,356		338,281				338,281	454,074
<b>Total Indirect Costs</b>	792,356		338,281				338,281	454,074
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee			6,362				6,362	-6,362
Pledge Reporting Fees			1,275				1,275	-1,275
<b>Total Pledge Specific Costs</b>			7,637				7,637	-7,637
<b>TOTAL EXPENDITURE (D)</b>	<b>12,982,441</b>		<b>5,640,596</b>			<b>0</b>	<b>5,640,596</b>	<b>7,341,844</b>
<b>VARIANCE (C - D)</b>			<b>6,958,444</b>			<b>383,400</b>	<b>7,341,844</b>	

**Disaster Response Financial Report**

MDR60002 - Africa - Ebola Coordination and preparedness

Timeframe: 19 Aug 14 to 31 Dec 15

Appeal Launch Date: 19 Aug 14

Interim Report

**Selected Parameters**

Reporting Timeframe	2014/8-2015/7	Programme	MDR60002
Budget Timeframe	2014/8-2015/12	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

**IV. Breakdown by subsector**

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
<b>BL2 - Grow RC/RC services for vulnerable people</b>							
Disaster management	387,979		87,579	87,579	14,781	72,798	
Disaster response	1,263,729		701,699	701,699	609,126	92,573	
Emergency preparedness	10,947,332		9,908,123	9,908,123	5,016,690	4,891,433	675,112
Subtotal BL2	12,599,041		10,697,400	10,697,400	5,640,596	5,056,804	675,112
<b>BL5 - Joint working and accountability</b>							
Security	383,400		0	0	0	0	
Subtotal BL5	383,400		0	0	0	0	
<b>GRAND TOTAL</b>	<b>12,982,441</b>		<b>10,697,400</b>	<b>10,697,400</b>	<b>5,640,596</b>	<b>5,056,804</b>	<b>675,112</b>